

# Handling stress during policy implementation: Developing a classification of “coping” by frontline workers based on a systematic review

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## ABSTRACT

Stress is endemic to street-level work. How frontline workers handle conflicting pressures and changes in their environment bears substantially on policy performance and the delivery of human services. 'Coping' is the current term for understanding frontline workers responses to stress. Coping in the field of policy implementation is a sensitizing concept, not yet harmonized with extensive coping literature in clinical psychology nor operationalized to enable its measurement of its prevalence in the context of policy implementation. This paper takes steps to close that gap. Our main objective is to define coping and build a classification model. To this end, we conduct a systematic review of the literature on coping during policy implementation. After discussing ways that technology and new forms of public administration may bear on coping, we build a classification model of coping during policy implementation, comprised of three main families of coping (negotiation, problem solving and opposition) and multiple ways of coping (such as blaming others, routinizing services and whistleblowing). Our ultimate goal is to operationalize coping in the context of frontline work so that it can advance our understanding of human service delivery and serve as a diagnostic tool for practitioners seeking to improve policy performance as everyday practice.

## KEYWORDS

- Policy implementation
- Street-level workers
- Coping behavior
- Psychology of public administration
- Systematic review

# HANDLING STRESS DURING POLICY IMPLEMENTATION: DEVELOPING A CLASSIFICATION OF “COPING STRATEGIES” BY FRONTLINE WORKERS BASED ON A SYSTEMATIC REVIEW

## 1 Introduction

Policy implementation is no easy task. Frontline workers who interact directly with citizens - such as social service workers and police officers - often face high workloads and inadequate resources (Lipsky, 1980).<sup>1</sup> Furthermore, they often experience conflicting demands from new policies, rules and procedures, their professional obligations, and the human dynamics of engaging with managers, fellow workers, and clients (Hill & Hupe, 2009; Maynard-Moody & Musheno, 2003; Tummers et al., 2012). As a result, frontline workers are susceptible to job stress when engaged in translating policy into practice.

Consider insurance physicians having to implement a stricter law regarding welfare benefits for disabled citizens. This happened in 2004 in the Netherlands. Because of the large increase in the number of welfare recipients to approximately 10% of the Dutch workforce, insurance physicians had to reassess almost half of the existing recipients (340.000!) against stricter criteria in a short period of time (Van der Burg & Deursen, 2008). Many of the insurance physicians involved, experienced a substantial increase in their workloads, resulting in heightened job stress. Also, many physicians felt conflicted by the mandate to reassess eligibility against their professional and moral obligations to care for their clients. The combination of increased workload and dilemmas produced by the reassessment mandate resulted in ‘policy alienation’ among many of the physicians studied (Tummers, Bekkers & Steijn, 2009). Insurance physicians coped with this stress in various ways. Some became less thorough, handling the reassessments quicker. They for instance discussed the problems of the clients less systematically and did not consult with the general practitioner or the medical specialists to talk about the specific client. This can obviously have perverse consequences for the lives of clients and policy performance. On the other hand, some physicians noted that they were still able to still deliver high quality results, for instance because they communicated with their manager.

To understand how frontline workers deal with the stresses they face during policy implementation, Lipsky used the concept of ‘coping’, or ‘coping strategies’ in his seminal work “Street-level bureaucracy” (1980). He views coping by frontline workers as a response to job stress (1980:141). Frontline workers cannot help everyone in an optimal way, as they do not have the time, resources or abilities to do so. The constant pressure stemming from high

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<sup>1</sup> We prefer to use the term “frontline workers” or “street-level workers” as opposed to “street-level bureaucrats”. We regard the latter as a more normatively loaded construct in contemporary times. “Frontline worker” implies more contemplation and cooperation with clients of public services at the frontline.

workloads, inadequate resources and conflicting demands forces them to cope. In clinical psychology, coping is frequently defined as “the cognitive and behavioral efforts made to master, tolerate, or reduce external and internal demands and conflicts among them” (Folkman & Lazarus, 1980:223). We define coping as “the cognitive and behavioral efforts made *by frontline workers* to master, tolerate, or reduce external and internal demands and conflicts among them *during policy implementation.*” Following Lipsky and seminal authors on coping such as Lazarus (1980), we view coping as a possible effect of experiencing job stress: when frontline workers experience stress, they can develop various behaviors (in else they cope) to deal with this. In turn, job stress in policy implementation may stem from various sources (such as stringent policies and procedures, professional conflicts, discussions with managers, workload) and may manifest itself differently per person.

Frontline workers are able to develop certain ‘ways of coping’ as they have substantial autonomy (discretion) in implementing public policies (Lipsky, 1980:14). In this autonomous space, frontline workers are able to adjust the general policy to the specific circumstances and needs of the clients (Palumbo et al., 1984). The way workers cope with job stress ultimately influences public policy. As Lipsky (1980:xiii, original emphasis) notes: “I argue that the decisions of street-level bureaucrats, the routines they establish, and the devices they invent to cope with uncertainties and work pressures, effectively *become* the public policies they carry out”. However, as noted, some ways of coping may be harmful to policy effectiveness and legitimacy. Frontline workers may favor some clients over others as to process the client loads quicker (they may respond to the more vocal clients, or the ones who will quicker ‘succeed’ in terms of the policy) (Bekkers et al., 2007; Hill & Hupe, 2009). Given these considerations, it is crucial that the field of policy implementation gains knowledge of the specific ways frontline workers cope with the pressures they face during policy implementation.

Next to Lipsky, the notion of coping attracts and continues to attract scholarly work in policy implementation (Hill & Hupe, 2009; Satyamurti, 1981; Taylor & Kelly, 2006; Nielsen, 2006; Thacher & Rein, 2004; Chi-Kin Lee & Yin, 2010). However, the concept of coping during policy implementation lacks clear definition and operationalization. As will be extensively discussed later on, scholars studying coping during policy implementation do not use the same definition of the concept (if they define it at all). Next to this, there is no consensus about which particular types of coping are most important in policy implementation (e.g. Lipsky, 1980; Newton, 2002; Trowler, 1997; Thatcher & Rein, 2004; Kelly, 2006). Thirdly, most researchers employ a qualitative (mostly ethnographic) research design (e.g. Kelly, 1994; Raphaely, 2009; Thorén, 2008; Triandafyllidou, 2003; Trowler, 1997). These qualitative designs provided rich data on the actual coping behavior and/or incentives of frontline workers to cope with job stress. The disadvantage is however that generalizations and comparisons on the subject of

coping during policy implementation are hard to provide (see also: Meyers & Vorsanger, 2003:159). The concept of coping in policy implementation literature to date is, concluding, a 'sensitizing concept'. That is, it gives the researcher "a general sense of reference and guidance in empirical instances" (Blumer, 1954:7). This stands in contrast to 'definitive' concepts, which have a clear definition, and refer precisely to what is common to a class of objects, for instance in terms of attributes. Researchers nowadays view sensitizing concepts as interpretive devices and a starting point for study (Bowen, 2008). This paper aims to study coping during policy implementation in a more systematic way.

In this paper, we aim to answer the following research question: "How can coping of frontline workers during policy implementation be understood, and what different ways of coping and families of coping can be distinguished?"

In order to answer this research question, we firstly make extensive use of the literature on coping in clinical psychology (Aldwin & Werner, 1994; Folkman & Lazarus, 1980; Folkman, 2011; Lazarus, 1966; Skinner, Edge, Altman, & Sherwood, 2003; Zeidner & Endler, 1996). It has a strong track record on coping, and scholars have made numerous efforts to define and measure coping, as well as possible causes and effects. Furthermore, they have developed category systems (Carver, Scheier, & Weintraub, 1989; Endler & Parker, 1990; Folkman & Lazarus, 1980; Folkman, 2011) and criteria for category systems (Skinner et al., 2003) to classify ways of coping. In this way, this paper follows a truly interdisciplinary approach, combining policy implementation and clinical psychology literature streams.

Next to this, we will conduct a systematic review of the literature on coping during policy implementation. A systematic review can be defined as: "a review that strives to comprehensively identify, appraise and synthesize all the relevant studies on a given topic" (Petticrew & Roberts, 2006:9). It can be a valuable method when key questions on a research subject remain unanswered and past methodological research is required to promote the development of new methodologies (Petticrew & Roberts, 2006; Cooper, 2010).

Thirdly, we will discuss recent developments in public services which could influence the ways frontline workers cope during policy implementation. We will especially analyse a) networked governance (Rhodes, 1997), b) New Public Management (Pollitt & Bouckaert, 2011) and c) ICT and new (social) media (Bekkers et al., 2011).

This brings us to the outline of this paper. Section two discusses the theoretical background of coping in clinical psychology. In particular it depicts the criteria of classifying coping that can be used in the systematic review. We will then apply these criteria to the field of policy implementation using a systematic review. We will display the methodology (Section 3) and results (Section 4) and will finally present a first classification model of coping during policy implementation. The paper ends with a discussion and conclusion (Section 5). We will

particularly focus on developing a future research agenda for analyzing coping during policy implementation.

## 2 Using psychological literature to study coping during policy implementation

### 2.1 The concept of coping in the field of policy implementation

Before discussing the psychological literature on coping, we must first analyze how policy implementation scholars have used the coping concept. Recall that Lipsky views coping as a response to job stress. According to him, frontline workers cope in three main ways during policy implementation (1980:83). As many contemporary scholars still recognize and use this broad categorization of coping behavior of frontline workers (e.g. Meyers, Glaser & Mac Donald, 1998; Mutereko, 2009; Thorén, 2008; Triandafyllidou, 2003), we will discuss these in short.

First, frontline workers may **modify the client demand**, maximize the utilization of available resources and obtain client compliance. They may decide not to inform a client on certain public services as to decrease the amount of citizens who apply for specific service rendering. They may also use symbols of authority and power to limit client demand and obtain client compliance in the service delivery process (such as overcrowded waiting rooms).

Secondly, frontline workers may **modify their objectives of the job**. They may use their level of discretion to cope with job stress. They can lower their discretion by telling clients that they are unable to handle their cases, or their complaints about the system or the management, as they are not authorized to perform certain actions. On the other hand, they can also increase their discretion, allowing certain actions in order to relieve the pressures from clients. Frontline workers may also choose to specialize in certain clients or certain problems of clients. They may also withdraw from their job responsibilities by mentally withdrawing. They may become 'alienated from their work' (see also Tummers et al., 2009). Thirdly, frontline workers may **modify their perception of their clients**. They may favor certain clients or client groups over others and will treat them in a way that they think is ideal. Many frontline workers want to make a meaningful contribution to the public (Perry & Honddeghem, 2008). However, they are unable to do so and 'cherry-pick' their clients ('creaming'). For instance, teachers may only give students who are interested in their subject the assistance they need, while disregarding others. Frontline workers may also form normative assumptions about their clientele and place clients in certain categories, such as good clients versus bad clients. They may form the opinion that they can do nothing to change the situation of the bad clients. This serves as a coping strategy to legitimize non-action for the frontline worker.

The above classification is helpful and important in understanding street-level practice. However, the three general ways of coping Lipsky depicts are not mutually exclusive. For

instance, making normative assumptions of clients on which to base a triage system can be grouped under both 'modify the client demand' and 'modify the perception of the client'. Neither are the ways of coping collectively exhaustive: we can develop more ways of coping than the ones identified above. For instance, talking to colleagues to reduce pressure, or modifying the situation at home (contracting out housekeeping in order to have more time to work).

Looking at the work of contemporary scholars studying coping during policy implementation, it seems that there is no consensus on how to define coping or classify ways of coping. Furthermore, the connection between coping and stress is not explicated. For an overview, see Appendix 1. It can be noted that some scholars view coping as a response to change (Newton, 2002; Trowler, 1997; Chi-Kin Lee & Yin, 2010), others as a response to job stress (Taylor & Kelly, 2006) or as a response to value conflict and ambiguity (Thatcher & Rein, 2004). Coping classifications range from three (Thatcher & Rein, 2004; Chi-Kin Lee & Yin, 2010) to eight categories (Newton, 2002). In some one of the classifications, coping is not considered the overall category but one of the subcategories within a bigger framework of possible responses to change (Newton, 2002). In order to study coping during policy implementation in a more systematic way, we will firstly examine literature on coping research in the field of clinical psychology. This is discussed next.

## 2.2 Coping in the field of clinical psychology

The literature on coping in the field of clinical psychology has been far more substantial than the literature on coping in the field of policy implementation. From the 1960s on, research on coping in clinical psychology has expanded considerably. For instance, Zeidner and Endler (1996:xv) state that "During the 1980s and 1990s, research on stress and coping has proliferated, and the number of publications in this area has been prodigious." Major publications were books such as 'Coping and Adaptation' (Coelho, Hamburg, & Adams, 1974), 'Health, stress and coping' (Antonovsky, 1979), 'Stress, Coping, and Development' (Aldwin & Werner, 1994), 'The Handbook of Coping' (Zeidner & Endler, 1996) and 'The Oxford Handbook of Stress, Health and Coping' (Folkman, 2011).

### *Historical background on coping in clinical psychology*

To analyze the background of coping in clinical psychology, we must go back to the 19<sup>th</sup> century, when Freud introduced psychoanalysis (Breuer & Freud, 1955 (1893)). In the theory of Freud, the concept of defense was very important, which referred to the ego's struggle against unpleasant feelings. Repression can be seen as a basic act of defense. Based on the concept of defense and repression, a literature emerged to analyze and improve the defenses of people to various stressors. In the 1960s, a new line of research emerged under the label of 'coping'. A

fairly general definition of coping is set by Pearlin & Schooler (1978:2), who state that “by coping we refer to the things that people do to avoid being harmed by life-strains.” A more specific definition of coping is provided by Folkman & Lazarus (1980:223), defining coping as “The cognitive and behavioral efforts made to master, tolerate or reduce external and internal demands and conflicts among them.” This definition became widely accepted in the social and behavioral sciences (Tennen et al., 2000). One of the main works on coping is ‘Psychological stress and the coping process’, by Richard Lazarus (1966). Lipsky also draws on Lazarus when developing different instances of coping behaviour by frontline workers. Lazarus expanded coping beyond defense and an emphasis on pathology. He included a wider range of cognitive and behavioral responses that people use to manage distress and address the problems of daily life causing the distress (Folkman & Moskowitz, 2004:746). Moreover, Lazarus analyzed conscious strategies to react to stressful situations. This is in contrast to defense mechanisms, which are unconscious in nature.

#### *Difficulties in operationalizing the concept of coping*

Thousands of coping studies have been conducted through the years and they have varied substantially in target population, stressor, research design and operationalization (Skinner et al., 2003; Folkman & Moskowitz, 2004; Tennen et al., 2000). Various difficulties in operationalizing the concept of coping have developed (Skinner et al., 2003; Parker & Endler, 1996; Lazarus, 1996). One of these difficulties is the dichotomies that entered the research field. One of the most often used – but frequently criticized – distinctions in coping research is problem-focused versus emotion-focused coping research (Parker & Endler, 1996:323). Problem-focused and emotion-focused coping can be considered two coping ‘families’. They are also termed coping dimensions, coping strategies or – somewhat confusing – ways of coping (Folkman & Lazarus, 1980; Zeidner & Endler, 1996). Next to problem-focused and emotion-focused coping, also other (less-often used) distinctions of the concept of coping exist, such as whether it is active or passive, or whether it is social versus solitary (Carver & Connor-Smith, 2010; Latack & Havlovic, 1992).

The distinction between problem-focused and emotion-focused can be roughly summarized with the statement ‘change the situation (problem-focused) or change your attitude (emotion-focused)’. Problem-focused coping attempts to eliminate or change the stressful situation. These strategies are task-oriented: people employing this strategy try to deal with the cause of the problem. For example, they do this by finding out information on the problem or learning new skills to manage the problem. Emotion-focused coping, on the other hand, is oriented towards managing the emotions that are associated with the stressful situation. These strategies are person-oriented, not task-oriented. They refer to strategies that may include self-



preoccupation, fantasizing or humor. The distinction between problem and emotion-focused coping has become increasingly criticized (Ayers, Sandier, West, & Roosa, 1996; Folkman & Lazarus, 1980; Skinner et al., 2003). First, they are not mutually exclusive (Skinner et al., 2003). Making a plan when being confronted with a problem does not only count as problem solving, but also as calming the emotion. Furthermore, Lazarus (1996:292) notes, “Although it is tempting to classify any coping thought or act as either problem-focused or emotion-focused, in reality any coping thought or act can serve both or perhaps many other functions.” Secondly, it oversimplifies discussions on coping. Lazarus notes that “distinguishing between the two functions, but treating them as if they were distinctive types of coping actions, has led to an oversimple conception of the way coping works and is measured in much research”. Given these two reasons, many scholars advice not to follow the distinction between problem-focused versus emotion-focused research (e.g. Lazarus (1996:292) and Skinner et al. (2003:227)).

### 2.3 Criteria for a classification of coping

In order to improve the classification of coping, in their seminal article “Searching for the structure of coping” Skinner et al. (2003) develop a coping structure that meets important criteria for category systems. Duchanek & Oakley (2007:221) note, “Because of its thorough synthesis of 30 years of coping scholarship, the Skinner et al. research represents the state-of-the-art with regards to conceptual thinking related to the dimensional structure of coping.” We will draw on Skinner et al. (2003) when developing our classification of coping during policy implementation. More specifically, we will use their criteria for coping category systems (1), the hierarchical structure of coping (2) and the twelve coping families (3). These are discussed next.

#### *Criteria for coping category systems*

As noted, coping has been classified in a number of ways, of which the distinction between problem-focused and emotion-focused coping is most frequently used. Some classifications have only two dimensions, while others have more than 30 dimensions. There is no agreement on which classifications are best. In a 2001 meta-analysis, Compas et al (2001:91) argued that “In spite of the clear need to distinguish among the dimensions or subtypes of coping, there has been little consensus regarding the dimensions or categories that best discriminate among different coping strategies in childhood and adolescence”. This lack of consensus slows progress in the field of coping as it makes it practically impossible to categorize findings. In order to deal with this problem, Skinner et al. (2003) critically analyzed 100 assessments of coping, identifying best practices. A classification of coping with job stress should first meet a number of criteria, according to Skinner et al. (2003). These criteria are shown in Table 1.

**Table 1 Criteria for coping category systems (based on Skinner et al., 2003:219)**

<i>Criterion</i>	<i>Description</i>
1	Category definitions are conceptually clear. The criteria for category membership are precise and unambiguous.
2	Categories are mutually exclusive. Each way of coping belongs to one, and only one, category
3	The set of categories is comprehensive or exhaustive. All core ways of coping can be accommodated by the set of categories.
4	Categories are functionally homogenous. All ways of coping within a category serve the same set of functions.
5	Categories are functionally distinct. Categories are different from each other in the set of functions they serve.
6	Categories are generative. Categories allow for the identification and derivation of multiple lower order ways of coping that belong to them.
7	Categories are flexible. Categories are applicable across stressors, contexts and age levels.

Analyzing Table 1, it is apparent that criteria 1 to 3 are applicable to any category system. First, category definitions should be conceptually clear. This means that we should define the category definitions we aim to use for a classification of coping. Next to this, categories should be mutually exclusive and collectively exhaustive (criteria 2 and 3) (see also Carper & Snizek, 1980). The fourth and fifth criteria note that a ‘way of coping’ within a category system should serve the same set of functions and the categories should be functionally distinct. Functionally equivalent ways of coping should be possible substitutes. For instance, planning and strategizing are both ways of coping which aim at bringing about a desired outcome (their function). Hence, they can be considered members of the same category. Criterion six clarifies that there are different levels of coping. This will be elaborated upon in the next Section. Furthermore, it notes that a category should be clear and general so that scholars can derive lower order ways of coping based on this category. For instance, the category support seeking can be composed of the lower order categories of praying, talking to family members or speaking about the issue with colleagues. The last criterion notes that the categories should be flexible, that is, be applicable in a number of contexts, stressors and age levels. This seems to apply somewhat less when developing a classification for coping during policy implementation, as we will focus on the work context and more specifically on (adult) frontline workers. However, we still aim to meet this criterion so that the classification of coping behavior is generalizable across – among else – types of frontline workers, policy contexts and countries.

### *Hierarchical structure of coping: four levels*

Scholars in clinical psychology emphasize to distinguish a number of coping levels, in order to increase the understanding of the phenomenon. Pearlin and Schooler (1978:5-6), argue that there are two levels of coping: broad categories of coping (e.g. ‘modify the situation’) (1), and more concrete examples of coping (e.g. ‘negotiation with your manager’) (2). Based on Pearlin and Schooler, scholars have attempted to develop a number of levels of coping (Ayers et al., 1996; Walker et al., 1997). Skinner et al. (2003) argue to use a hierarchical system of coping of four coping levels. In this way, detailed, lower order dimensions of coping (ways of coping) are linked to a higher order structure (families of coping) which draw on shared theoretical abstractions. Skinner et al. note that coping spans the conceptual space between particular instances of coping and more general adaptive processes. This hierarchical conceptualization of coping can serve as a basis for developing a coping classification during policy implementation.

**Table 2 Hierarchical structure of coping: four coping levels** (see also Lazarus, 1996; Skinner et al., 2003; Skinner & Zimmer-Gembeck, 2007)

<i>Level</i>	<i>Name</i>	<i>Description</i>	<i>Example</i>
1 (very specific)	Coping instances	Concrete real-time responses in which people try to master, tolerate, or reduce internal and external demands.	Reading blogs of experts concerning the stressor
2 (specific)	Ways of coping	Recognizable actions types which must be identified that classify instances of coping into conceptually clear, mutually exclusive and exhaustive categories	Can be grouped into: Reading about the problem
3 (general)	Families of coping	Higher order categories within ways of coping are nested and that are multidimensional. Each family represents a functionally homogeneous set of ways of coping that serves the same adaptive functions.	Can be grouped into: Information seeking
4 (very general)	Adaptive processes	Basic processes that intervene between stress and its psychological, social, and physiological outcomes	Can be grouped into: Coordinate actions and contingencies in the environment

The hierarchical structure of coping can be illustrated. Recall the example of Dutch insurance physicians having to implement a stricter law regarding welfare benefits for disabled citizens. Not only did they have to reassess almost half of the existing welfare recipients, they were also summoned to do it in a very short period of time. Serious job stress was caused because of the work pressure heightening considerably during this work period. A concrete real-time response in which an insurance physician could cope with such a situation is to be less thorough while assessing clients, in order to save time. This is called a ‘coping instance’ (level 1). Coping instances are countless. For example, the insurance physician might as well stay at home for a

few days to relieve stress or talk to his/her spouse about it. The coping instance of inaccurately processing clients can be grouped into the way of coping 'routinizing' (level 2). A way of coping must be able to classify coping instances during policy implementation into conceptually clear, mutually exclusive and collectively exhaustive categories. A way of coping may consist of countless coping instances. The way of coping 'routinizing' encloses all sorts of related coping instances such as 'accepting judgments of other professionals' and 'referring clients to specialists'. The way of coping may in turn be grouped under a family of coping: negotiation (level 3). Families of coping are multifunctional and multidimensional, but are coherent according to their adaptive functions. Both 'rationalizing' and 'controlling clients' as ways of coping can be part of the coping family 'negotiation'. Finally, these coping families are in their turn member of broad adaptive processes (level 4). This highest level of coping refers to coping as a strategy of adaption (Skinner et al., 2003; White, 1974). This level shows that coping is part of a larger strand of literature that focuses on ways in which people adapt to stressful situations. For instance, the coping families negotiation and submission can both be classified under the adaptive process 'coordinate preferences and available options' (Skinner et al., 2003:245). As we are in particular interested in coping behavior of frontline workers during policy implementation and less in more general adaptive processes (level 4), we will focus on the first three level of coping from hereon.

### *Twelve families of coping*

Based on the review of Skinner et al. (2003), twelve core families of coping were identified under which ways of coping can be classified. In Table 3, these twelve families of coping are shown, including their functions and examples of ways of coping that belong to this family, given that they serve the same function. Consistent with the definitions in Table 3, each family represents a functionally homogeneous set of ways of coping. For instance, the coping family problem solving has the function to change the stressful situation in order to bring it more in line with the person's desires. A possible way of coping, which belongs to this family, is instrumental action. Other ways of coping that serve the same function and thus belong to this family are planning and strategizing.

**Table 3 Twelve families of coping with examples of ways of coping (based on Zimmer-Gembeck & Skinner (2011); Skinner et al. (2003))**

<i>Family of coping</i>	<i>Function of way of coping</i>	<i>Examples of ways of coping</i>
Problem solving	Adjust actions to become more effective	Instrumental action Planning Strategizing
Information seeking	Find extra contingencies	Reading about the problem Asking others Observation
Helplessness	Find limits of actions	Pessimism Confusion Passivity
Escape	Escape non-contingent environments	Behavioral avoidance Mental withdrawal Denial
Self-reliance	Protect available social resources	Relaxation Emotional expression Self-encouragement
Support seeking	Use available social resources	Comfort seeking Contact seeking Instrumental aid
Delegation	Find limits of resources	Self-pity Complaining Whining
Isolation	Withdraw from unsupportive context	Social withdrawal Avoiding others
Accommodation	Flexibly adjust preferences and options	Distraction Acceptance Cognitive restructuring
Negotiation	Find new options	Deal-making Bargaining Priority-setting
Submission	Give up preferences	Negative thinking Intrusive thoughts
Opposition	Remove constraints	Aggression Other-blame

How can this hierarchical view of coping and the twelve core families of coping be applied to the field of policy implementation? One problem arises, namely that the twelve families of coping each are composed of several ways of coping and instances of coping (which can both be countless). This means that there is a limitless list of ways of coping. Empirically measuring the total model would be impossible. Hence, we must first determine - based upon a search of the

literature – which families of coping and ways of coping are most relevant in the situation of a frontline worker implementing public policies. Therefore, we conduct a systematic review. This is discussed next

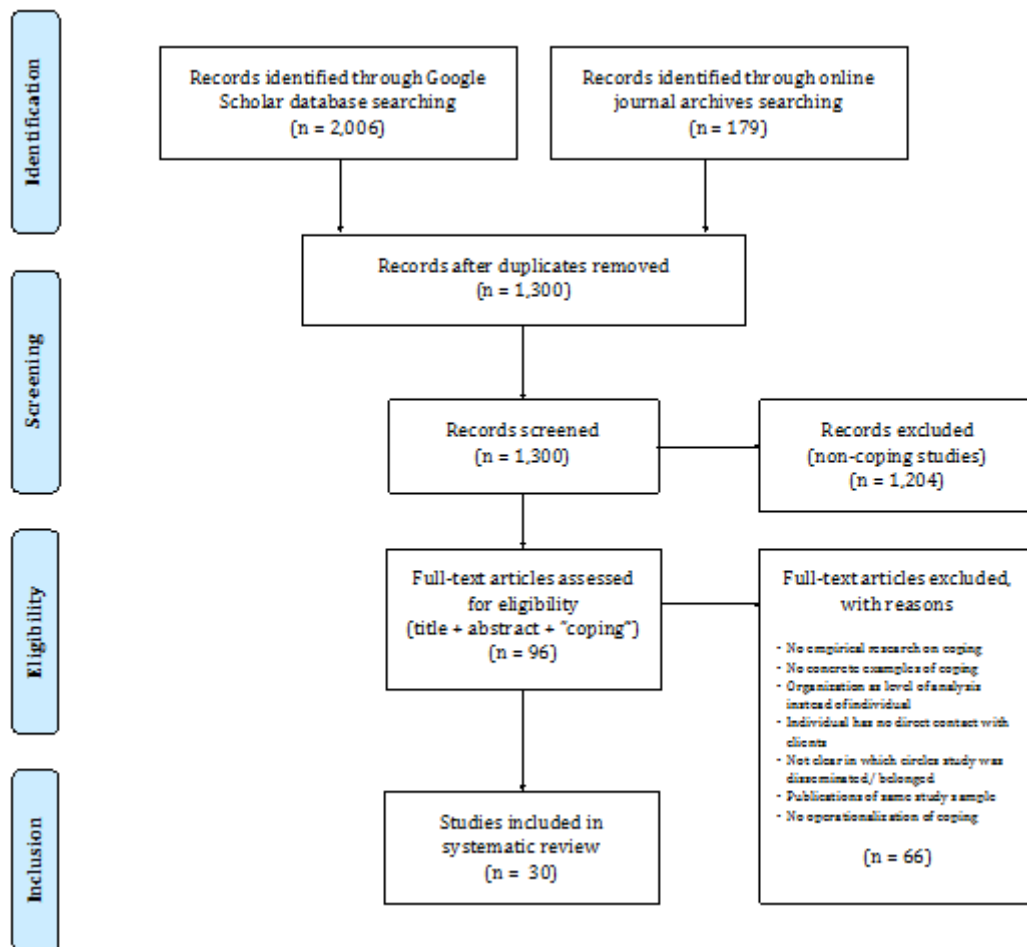
### **3 Methodology for systematic review**

In executing the systematic review, we follow the state-of-the art guidelines of PRISMA: Preferred Reporting Items for Systematic Reviews and Meta-Analyses (Liberati et al., 2009).

#### **3.1 Literature search**

Three complementary search strategies were used for the systematic review. A fourth search strategy will be added after presenting this paper. Here, five senior scholars (Michael Lipsky, Peter Hupe, Michael Hill, Soren Winter and Evelyn Brodtkin) in the field of coping during policy implementation will be approached to check whether we have missed any publications. The four strategies are in accordance with the four minimum search strategies for conducting a systematic review (Cooper, 2010). In Figure 1, the process of identifying, screening and including of studies is depicted. More in general, in Appendix 1 the PRISMA checklist is displayed with all items to include when reporting a systematic review. Although PRISMA is primarily developed for systematic reviews on healthcare interventions (randomized control trials) and not all items are applicable, the checklist is valuable given that it provides transparency and oversight to the reader (based on Liberati et al., 2009).

Figure 1 PRISMA flowchart: process of identifying, screening and including relevant records (based on: Liberati et al., 2009, see also: <http://www.prisma-statement.org/statement.htm>)



First, an electronic search was initiated to locate studies, using Google Scholar (<http://scholar.google.com>). Lipsey & Wilson (2001) warn for a publication bias in systematic reviews: unpublished material can be as rigorous as the published literature. We wanted to include a variety in scientific output (journal articles, book chapters, conference papers, dissertations and master theses), publication statuses and seniority of researchers. We therefore chose Google Scholar as the first search engine to use.

We selected the time period 1980-2013, as 1980 is the year in which Michael Lipsky wrote his seminal work on street-level bureaucracy and coping. Prior to 1980, the subject of coping during policy implementation was not explicitly acknowledged.

The search terms used were policy implementation plus one of the following: street-level, frontline, field-level; plus one of the following: coping, coping strategies, coping mechanisms, ways of coping, coping behaviour. Six database searches were conducted to retrieve the relevant information from Google Scholar. These searches generated over 2,000

publications. The majority of these publications were directly excluded because of duplication (1) or because the abstract provided no indication that the article presented data about coping during policy implementation (2).

Second, we searched for journal articles published in three top public administration journals: *Public Administration*, *Public Administration Review* and *Journal of Public Administration Research & Theory*. After presenting this paper, the archives of Policy Sciences and Governance will also be checked. We selected these journals because they would provide us with the 'discipline broad' articles on the subject of policy implementers on the frontline of public service (as opposed to journals specialized in one field, such as *Quality in Higher Education* and *Social Science & Medicine*). The journal archive searches generated 179 publications.

With these two search strategies, 1,300 publications had to be screened (after having the duplications removed). The majority of these publications were also directly excluded because the abstract provided no indication that the article content concerned coping with job stress during policy implementation.

Third, references were examined of four very recent and elaborate publications in the field of coping during policy implementation: Van der Aa (2012), Thorén (2008), Mutereko (2009) and Raphaely (2009). We made sure these publications covered several scientific fields: social work, education and healthcare. This technique verified the Google Scholar and journal archive search results, up to the level of saturation.

### 3.2 Inclusion criteria

A total of 96 publications were left to be assessed for eligibility. After removing the duplications and non-coping publications, the full texts of the publications were obtained. By screening the title, the abstract and the word "coping" in the publication, one reviewer decided which publications to include. As to decide upon a collective working method and to safeguard the quality of the review, two reviewers assessed 15 publications for eligibility. Publications were included if they met all of the following inclusion criteria.

- **Type of study:** given the aims of the systematic review, studies should deal with frontline workers coping with job stress during policy implementation.
- **Type of participants:** studies should analyse frontline workers: workers who interact directly with citizens and who have substantial discretion in the execution of their work.
- **Study design:** Three criteria were relevant here. First, only empirical studies were selected, as opposed to conceptual studies. We are interested in coping during policy implementation as occurred, not 'possible responses', stated by the author. The empirical studies could have a qualitative, a quantitative or a mixed-method design.



Second, studies should exemplify examples of instances of coping or ways of coping. Only in this way were we able to understand text fragments on coping and correctly code them into our classification model of coping during policy implementation. Third, only publications conceptualizing coping for the individual are taken into account, as opposed to publications conceptualizing coping on an organizational level.

- **Publication status:** Two criteria were used. First, studies were conducted by a Master student minimally, in order to have some indication of quality. Journal articles, book chapters, conference papers, dissertations and Master theses were all included. Second, only studies with explicit reference to the place of dissemination or 'belonging' (journal, scientific conference, university degree) were included as to safeguard the quality of the systematic review. Hence, when we could not determine the source of the publication, it was not used.
- **Year of publication:** Only studies published between 1980 and 2013 were retrieved.
- **Language:** Studies written in English and Dutch were both taken into account. Although the decision to also include Dutch studies makes the systematic review harder to replicate, they are included as there are a number of researchers writing in Dutch about coping during policy implementation (such as Bekkers, Hupe, Tummers, Van der Aa and Van Berkel).

### 3.3 Method of review and coding

From each publication that was included in the review, the following data were extracted: author(s), publication year, title, publication type, source, study design, participants and setting, instances of coping or ways of coping and field of study. Publications were scanned for text fragments in which authors wrote about coping behaviour of frontline workers or in which frontline workers were quoted to describe their ways to cope with job stress. Each fragment that contained an instance of coping or way of coping was placed in an Excel database and was coded. Here, we applied the hierarchical structure of coping (Skinner et al., 2003): first the instance of coping was coded, then the way of coping was coded and lastly the family of coping was coded. Most studies provided coping behaviour on the level of coping instances. We extracted the families of coping from the twelve families of coping by Skinner et al. (2003). Text fragments that were initially coded differently by authors (e.g. 'modifying the job' by Lipsky) were (re)coded by the researchers according to the criteria of Skinner et al. as it is our overall aim to build a mutually exclusive classification of coping during policy implementation, based upon recognized criteria for category systems of coping. During the coding process, we went through the entire list of coping fragments several times to make sure that the instances of coping, ways of coping and families of coping were unanimously coded by comparing them. Duplicates of

coping text fragments from one study sample that were coded in the exact same way, were removed from the database. . In this way, text fragments on coping during policy implementation would be as evenly spread as possible across studies and study samples. In case of different publications reporting analyses from the same study sample, we decided upon substantive argument which publications not to include in the review (in order to reduce duplicate publications) (Knight & Trowler, 2000; Brodtkin, 1997; Winter 2002; Tummers, 2012; Ellis, 2007). After these procedures, 30 publications were included in the systematic review. Note that we are assuming that these figures to change after all search strategies have been conducted.

## **4 Results of systematic review**

### **4.1 Main characteristics of included studies**

From the literature search, a total of 30 studies were included in the systematic review. Table 4 provides an overview of the main characteristics of the studies. In the following tables, several of these characteristics are highlighted. In Section 4.2, there will be elaborated upon the findings from the review.

**Table 4 Characteristics of included studies from the literature search**

<i>Year</i>	<i>Author (year)</i>	<i>Study design</i>	<i>Sample settings and participants</i>	<i>Publication type</i>	<i>Scientific discipline</i>
1980	Lipsky	Qualitative multiple-case research (specific methods unclear).	Inquiry into street-level behaviour of different groups of frontline workers (n= not provided) (USA).	Book	General public services
1981	Goodsell	Qualitative single-case research (interviews and document analysis).	Inquiry into street-level behaviour of employees of one county welfare department (n=25) implementing welfare policies (USA).	Journal article <i>(Journal of Politics)</i>	Welfare to work (social services)
1994	Kelly	Qualitative multiple-case research (interviews and document analysis).	Schoolteachers (n=28) and field office workers of an employment development department (n=15) coping with unfair situations at the workplace mostly stemming from resource constraints (USA).	Journal article <i>(Journal of Public Administration Research and Theory)</i>	Primary education (education)
1997	Brodkin	Qualitative multiple-case research (interviews, observations and document analysis).	Inquiry into street-level behaviour of different groups of client managers (n=unclear) implementing welfare policies in several welfare offices (USA).	Journal article <i>(Social Service Review)</i>	Welfare to work (social services)
1997	Trowler	Qualitative single-case research (interviews, observations and document analysis).	Inquiry into academic teachers (n=50) responding to change in curriculum policy and organization structures at one university (UK).	Journal article <i>(Studies in Higher Education)</i>	Higher education (education)
1998	Meyers, Glaser & Mac Donald	Qualitative multiple-case research (interviews, observations and document analysis).	Inquiry into intake and redetermination workers and supervisors (n=43) implementing the new 'Work Pays demonstration' in various local income maintenance offices (USA).	Journal article <i>(Journal of Policy Analysis and Management)</i>	Welfare to work (social services)
1998	Wong & Anagnostopoulos	Qualitative multiple-case research (interviews, observations and document analysis).	Inquiry into the way schoolteachers (n=53) respond to the implementation of the 'Chicago School Reform Amendatory Act' ('probation policy') in two high schools (USA).	Journal article <i>(Educational Policy)</i>	Secondary education (education)

<i>Year</i>	<i>Author (year)</i>	<i>Study design</i>	<i>Sample settings and participants</i>	<i>Publication type</i>	<i>Scientific discipline</i>
1999	Ellis, Davis & Rummery	Qualitative multiple-case research (observations and interviews)	Social workers (across three types of social work teams) (n= unclear) implementing the 'National Health Service and Community Care Act' in two local authorities (UK).	Journal article ( <i>Social Policy &amp; Administration</i> )	Communal care (healthcare)
2000	Harrison et al.	Mixed-method single-case research (community survey, hospital survey & interviews).	Primary care nurses (n= 18) responding to reform in the care policies under the South Africa's Termination of Pregnancy Act in one research site (SA).	Journal article ( <i>Health Policy and Planning</i> )	Abortion care (healthcare)
2000	Knight & Trowler	Qualitative multiple-case study research (interviews and document analysis).	Academic teachers (n=24) responding to change in curriculum policy and organization structures at several universities (UK and CA).	Journal article ( <i>Studies in Higher Education</i> )	Higher education (education)
2000	Summers & Semrud-Clikeman	Qualitative multiple-case research (interviews and case presentations).	Inquiry into school psychologists (n=6) implementing the 'Individuals with Disabilities Education Act' in two different schools (USA).	Journal article ( <i>School Psychology Quarterly</i> )	Primary education (education)
2002	Winter	Quantitative multiple-case research (surveys and document analysis).	Frontline workers (n=378) implementing the 'Integration Act' for refugees and immigrants and inspectors (n=216) implementing agro-environmental policies, both in various municipalities (DK).	Conference paper	Welfare to work (social services)
2003	Triandafyllidou	Qualitative single-case research (interviews, observations and document analysis).	Inquiry into street-level behaviour of police agents (n=6) issuing official documents to immigrants in a headquarters office (IT).	Journal article ( <i>Journal of Ethnic and Migration Studies</i> )	Immigration services
2004	Walker & Gilson	Mixed-method multiple-case research (surveys, interviews and document analysis).	Inquiry into the way nurses (n=113) experience the implementation of the 'free care policies' and other South-African national health policies introduced after 1996, in 7 healthcare locations (SA).	Journal article ( <i>Social Science &amp; Medicine</i> )	Hospital care (healthcare)
2005	Bergen & While	Mixed-method multiple-case study	Community nurse case managers (n= unclear) coping with case	Journal article	Communal care

<i>Year</i>	<i>Author (year)</i>	<i>Study design</i>	<i>Sample settings and participants</i>	<i>Publication type</i>	<i>Scientific discipline</i>
		and longitudinal research (questionnaires, interviews and document analysis).	management work restructuring stemming from the implementing the 'National Health Service and Community Care Act' in various research sites (UK).	( <i>Health and Social Care in the Community</i> )	(healthcare)
2005	Lindhorst & Padgett	Qualitative multiple-case research (interviews and document analysis).	Inquiry into case managers (n=15) implementing the 'Family Violence Option' under welfare reform in two welfare offices (USA).	Journal article ( <i>The Social Service Review</i> )	Welfare to work (social services)
2007	Ellis	Qualitative single-case research (observations, and also interviews, document analysis).	Social workers (across three types of social work teams) (n= unclear) implementing recent legislation on direct payments, which are replacing direct social services in one local authority (UK).	Journal article ( <i>Social Policy &amp; Administration</i> )	Welfare to work (social work)
2008	McDonald & Marston	Mixed-method multiple-case research (surveys, focus groups and document analysis).	Inquiry into attitudes towards clients of social workers (n=82) and case managers (n= ±800-900) implementing welfare-to-work policies at various Centrelink (social workers) and Job Network (case managers) agencies (AUS).	Journal article ( <i>Australian Social Work</i> )	Welfare to work (social services)
2008	Thorén	Qualitative multiple-case research (interviews, observations and document analysis).	Inquiry into street-level behaviour of client managers implementing municipal activation policies (n=71) in two welfare offices (SE).	Dissertation	Welfare to work (social services)
2009	Finlay & Sandall	Mixed-method single-case research (experiment, interviews and observations).	Midwives (n=17) implementing maternity care policies under the 'National Health Services and Community Care Act' at one research site (UK).	Journal article ( <i>Social Science &amp; Medicine</i> )	Maternity care (healthcare)
2009	Mutereko	Mixed-method single-case research (interviews, observations, document analysis and questionnaires).	Schoolteachers (n=26) coping with implementing the 'National Curriculum Statement' in one university (SA).	Thesis	Higher education (education)
2009	Raphaely	Qualitative multiple-case research (interviews, observations and focus group discussions). (Secondary analysis).	Inquiry into medical doctors, nurses and healthcare managers (n=16) implementing the 'South African Patients Rights Charter' in several health care organisations (SA).	Thesis	Hospital care (healthcare)

<i>Year</i>	<i>Author (year)</i>	<i>Study design</i>	<i>Sample settings and participants</i>	<i>Publication type</i>	<i>Scientific discipline</i>
2010	Van Berkel, van der Aa & van Gestel	Qualitative multiple-case research (interviews and document analysis).	Street-level workers and managers (n=83) responding to new work activation tasks and responsibilities while implementing welfare policies in four welfare agencies (NL).	Journal article ( <i>European Journal of Social Work</i> )	Welfare to work (social services)
2010	Bjerregaard & Klitmoller	Qualitative single-case research (interviews, observations and document analysis).	Frontline employees, middle managers and partners in the municipality (n=20) responding to public reform in the municipal services in one municipal office (DK).	Journal article ( <i>International Journal of Public Administration</i> )	General municipal services
2010	Chi-Kin Lee & Yin	Qualitative multiple-case research (interviews and document analysis).	Teachers (n=23) coping with the implementation of Western oriented 'Senior Secondary School' curriculum reform in three schools (CHI).	Journal article ( <i>Journal of Educational Change</i> )	Secondary education (education)
2011	De Haene	Qualitative multiple-case research (interviews and document analysis).	Employees of the 'Center for Child care and Family support' (n=11) responding to registration policies in two center locations (BE).	Thesis	Youth care (healthcare)
2011	Roza	Qualitative single-case research (interviews and document analysis).	Inquiry into primary school teachers (n=12) dealing with the tension between providing education 'that fits' and increasing the learning performance of school children in one school (NL).	Thesis	Primary education (education)
2012	Van der Aa	Qualitative multiple-case research (interviews, observations and document analysis).	Inquiry into street-level behaviour of different groups of client managers (n=71) implementing welfare policies in three welfare offices (NL).	Dissertation	Welfare to work (social services)
2012	Kriz & Skivenes	Qualitative multiple-case research (interviews and document analysis). (Part of comparative mixed-method and comparative research).	Inquiry into child welfare workers (n=39) dealing with undocumented immigrant families in two public child welfare agencies (USA).	Journal article ( <i>Children and Youth Services Review</i> )	Youth services (social services)
2012	Tummers	Mixed-method multiple-case research (surveys, interviews, group	Several inquiries into insurance physicians (n=20) implementing the 'Adjusted Assessment Decree', teachers (n=15) implementing the	Dissertation (also based on	- Welfare to work (social services)

<i>Year</i>	<i>Author (year)</i>	<i>Study design</i>	<i>Sample settings and participants</i>	<i>Publication type</i>	<i>Scientific discipline</i>
		discussions and document analysis).	'Second Phase' in the upper levels of the secondary school system and mental healthcare professionals (n=478/ n=1,317) implementing the new financial policy 'Diagnosis Related Groups' and midwives (n=780) implementing the 'twenty-week ultrasound policy' (NL).	articles in <i>PMR</i> , <i>PA</i> , <i>PAR</i> , <i>IRAS</i> , <i>IJPA</i>	- Secondary education (education) - Mental care (healthcare)

Of the 30 studies that were included in the review, some background information is interesting. First, the studies were primarily based in Western countries. 48% were conducted in Europe (n=15), 32% in North-America (n=10), 13% in Southern Africa (n=4), 3% in Asia and 3% in Oceania. Second, the bulk of studies were conducted between 2002-2013 (63%, n=19), followed by the years 1991-2002 (30%, n=9) and 1980-1991 (6%, n=2). Most were journal articles (70%, n=21), followed by master theses (13%, n=4), dissertations (10%, n=3) and books and conference papers (both 3%, n=1). In Table 5, the various study designs are shown. It is apparent that qualitative multiple-case designs make up more than the half of the review studies (53%), followed by qualitative single-case designs.

**Table 5 Distinction of review studies, based on their study design**

<i>Study design</i>	<i>Number (total=30)</i>
Single method - Qualitative multiple-case	N=16 (53%)
Single method - Qualitative single-case	N=6 (20%)
Mixed-method multiple-case	N=4 (13%)
Mixed-method single-case	N=3 (10%)
Single method - Quantitative survey design	N=1 (3%)

Table 6 describes the sectors where the studies have been conducted. Studies in the fields of **social services** (profession: social worker or case manager) and **education** (profession: teacher) make up more than the half of the review studies (66%).

**Table 6 Distinction of review studies, based on their sector**

<i>Sector</i>	<i>Of total (N=32 as some studies are conducted in multiple sectors)</i>
Social services	N=12 (38%)
Education	N=9 (28%)
Healthcare	N=8 (25%)
General municipal services	N=1 (3%)
Immigration services	N=1 (3%)
General public services	N=1 (3%)

#### 4.2 Classifying coping during policy implementation

The studies provided 185 text fragments on coping behaviour during policy implementation. These fragments can be grouped into 9 families of coping (based on Skinner). In these 9 families, 29 different ways of coping can be depicted.



This is shown in Table 7, where n is the number of occurrence for each family/way of coping. Examples of instances of coping are extracted from the literature to provide more insight into the coping categories and the differences between them (we must stress here that this is still work in progress, and the identification of several ways of coping to families of coping is still being debated).

**Table 7 Relevant families of coping and ways of coping to the field of policy implementation**

<i>Family of coping</i> (n=9)	<i>Way of coping</i> (n=29) (* = example depicted in right column)	<i>Examples of instances of coping</i>
Negotiation (n=81)	Rationing (n=31) * (Efficient design of service) Routinizing (n=18) * (Sticking to routine) Control clients (n=10) * Creaming (n=10) (Choosing most eligible clients) Transfer responsibilities (n=5) Priority setting (n=4) Deal making (n=3)	Rationing > 'Raising client service barriers': "Participation in GAIN was mandatory for most AFDC clients and available on a voluntary basis for all others. Because resources were quite limited, however, participation requirements were enforced only for select target groups and voluntary enrolments were limited." (Meyers, Glaser & Mac Donald, 1998:16). ----- Routinizing > 'Inaccurately processing clients to save time': "Many had given up trying to follow the complex and changing rules of the CAT system and signed virtually any CAT-related form students asked them to, regardless of its purpose and whether they were the correct person to do so." (Trowler, 1997:307) ----- Control clients > 'Use sanctions when clients don't comply': "I have become stricter than I used to be. When I tell clients that they need to show me five applications and they can't, I will sanction them." (Van Berkel & Van der Aa, 2010:459).
Problem solving (n=33)	Rule bending (n=22) * Instrumental action (n=6) * Use personal resources (n=5)	Rule bending > 'Consider individual circumstances of client': "The learning outcomes for Grade 8 Afrikaans are way above the level of my Grade 8 learners. If I try to do them I will be wasting my time and the time of my learners. To solve this, I use the Grade four Afrikaans work although I don't tell them." (Mutereko, 2009:62) ----- Instrumental action > 'Documenting unmet needs of clients': "Community nurse case management within the research cases coped with this largely through the strategy of documenting any unmet individual needs, in the expectation that the information would feed into future resource planning." (Bergen & While, 2005:5).

Opposition (n=14)	Blame clients (n=11) * Oppose policy (n=2) Venting (n=1) (Express anger)	Blame others > 'Forming normative assumptions of clients': "They don't even tell their families when they get direct payments . . . they want to keep the money for themselves . . . you really have to watch them, they are crafty . . . they don't tell anyone . . . they think it's pocket money." (Ellis, 2007:415).
Helplessness (n=12)	Passivity (n=8) * Self-doubt (n=4)	Passivity > 'Feel unable to help clients': "Tom Moriarty believes it is unfair that those on the lowest rung of society's socioeconomic ladder are not really helped by the public assistance network, but he is overwhelmed by that problem. (...) Tom can be helpful to the clients he meets and he can assist them as much as possible, but he cannot change substantially their position in the world." (Kelly, 1994:137).
Self-reliance (n=12)	Optimism (n=5) * Construct professional identity (n=4) Shielding (n=2) (Protect oneself emotionally) Acceptance (n=1)	Optimism > 'Approach job in positive way': "Because of the Second Phase, I feel that I am better able to help the students. Before, it was only old-fashioned teaching. As such, you did not have that many opportunities to really help them. In this way, I think it is better now." (Tummers, 2012: 108)
Escape (n=11)	Avoidance (n=7) * Physically leaving (n=4)	Avoidance > 'Pretend to meet standards': "Most of the school psychologists reported engaging in some false reporting (SLB-FREP), primarily changing dates to make sure their cases appeared to be in compliance with federal and state statute. When queried about concerns the school psychologists would have if their work was audited by state compliance auditors, the participants were aware of what their supervisors (and state auditors) expected to see in reports and they attempted to adapt their reports to meet those standards" (Summers & Semrud-Clikeman, 2000: 268).
Submission (n=10)	Unresponsiveness (n=6) * Rigidity (n=2) Disgust (n=1) Abuse the system (n=1)	Unresponsiveness > 'Non-responsive to client questions or problems': "The municipality has a guideline stating that there must only pass 20 seconds from the citizen calls to the phone is answered. We are lacking behind this for the time being" (Bjerregaard & Klitmoller, 2010:426).
Information seeking (n=5)	Consult co-workers (n=4) * Consult manager (n=1)	Consult co-workers > 'Consult colleagues': "There is too much on my mind. I feel like shouting at the patients sometimes. We [nurses] help each other through. My colleagues help me. We talk among

		<p>ourselves. If we have difficult patients we share ideas." (Walker &amp; Gilson, 2004:1258)</p>
<p>Accommodation (n=5)</p>	<p>Compliance (n=5)</p>	<p>'Aim to meet quotas': "It's quite double with such a target, in the beginning it was a bit frightening in the sense that you didn't know whether you would meet it. I now feel that it is also stimulating. It's quite clear where to go. I observe that I make other choices towards clients because of it (...)" (Van der Aa, 2012:238). (Translated from Dutch).</p>
<p>Delegation (n=2)</p>	<p>Self-pity (n=2)</p>	<p>'Self-pity': "Health workers felt excluded from the new rights culture, manifested superficially in their saying that they did not have these rights and were not also treated as Batho. A deeper sense of exclusion was palpable in their commenting that nobody listened to them, and they were treated as the enemy (...)." (Raphaely, 2009:54).</p>

From the included studies in the review it can be concluded that the following families and ways of coping seem to be most often mentioned (and therefore probably most relevant) to the field of policy implementation: negotiation (n=81) (ways: rationing and routinizing), problem solving (n=33) (way: rule bending) and opposition (n=14) (way: blaming others). This is shown in Table 8. Skinner et al. (2003) provides short descriptions of these main families. Negotiation is described as finding a compromise between the priorities of the person and the constraints of the situation. Ways of coping mentioned are reducing demands (compare rationing) and priority-setting (compare creaming). Problem solving focuses on adjusting actions to be effective. Planning, determination and effort are ways of coping belonging to this family. We found the related ways of coping rule bending, instrumental action and using personal resources as belonging to this family. The third family of coping we found was opposition, described as removing constraints. Ways of coping were for instance blaming others and opposing to the policy.

#### 4.3 New ways of coping based on recent developments

It can be concluded from the previous Section that the top 3 families of coping and top 3 ways of coping show a high resemblance to the work of Lipsky (1980). This may not be so surprising as we already concluded that a lot of contemporary scholars still use the conceptualization of coping by Lipsky (see also Ellis, 2007:416).

However, it could have disadvantages when scholars continue to draw mostly on Lipsky. As has been noted by grounded theory approaches (Glaser, 1998) and recently discussed in the field of public administration (Tummers & Karsten, 2012), using literature runs the risk of overlooking social phenomena, by focusing exclusively on those issues that seem relevant according to the literature.

It can be stated that much has changed since the work of Lipsky, which appeared in 1980. Major developments influencing street-level work are a) networked governance, b) New Public Management and c) ICT and new (social) media. These developments do not mean that Lipsky's analysis of street-level bureaucracy is inapplicable, but it could be the case that these developments could result in new ways of coping. This is described in brief below.

##### *Networked governance*

A shift from 'government' to 'governance' has been identified by many commentators (Pierre and Peters 2000). In an influential article, Rhodes (1996) argues that governance refers to self-organizing, interorganizational networks. It differs from government, which emphasizes the central role of the State.

Durose (2009) relates networked governance can influence the work of frontline workers. The shift towards governance is characterized by complexity (Newman 2001; Stoker 2002). This is felt on the frontline. Frontline workers see themselves as 'situated agents', able to develop strategies which reflect their local knowledge with the differentiated demands of government. Frontline workers no longer 'cope' with the overwhelming demands of delivering public policy while responding to the community. They use their relationships with clients and other stakeholders to actively counter problems. For instance, they work with other partners in a network in order to help the clients, for instance by developing a credit union for debt management issues together with members in the community skilled in accountancy and financial management (Durose, 2009). This is also highly related to the notion of coproduction and interactive governance (Edelenbos & Klijn, 2006). Furthermore, Maynard-Moody & Musheno (2003) argue that as a result of the shift to governance frontline workers are less influenced by the 'rules' of the public sector and guided more by the relationships they form with organizations and the community. Based on this, we propose a relevant way of coping with job stress as *developing solution with clients and other stakeholders*.

However, we must also note that this shift from government to governance can also result in more negative ways of coping, that is, *blaming clients or other stakeholders* (which is grouped under the family opposition) (Hood, 2010). In networked governance settings, it is less clear who is exactly responsible for the client, making it possible to blame others when the public service delivery is suboptimal. Examples of this abound. For instance in youth care where civil servants have to together intensively, none of them felt fully responsible, and often referred to others when services were not delivered (Nijnatten, 2008).

### *New Public Management*

Related to the introduction of networked governance there has been a shift to marketization of public services. The economic crises in the 1970s and 1980s and the collapse of the Communist bloc at the end of the 1980s, fuelled political opposition to state interventionism in favour of free market reform (Tummers, Bekkers, & Steijn, 2012). As a result, there was a rise of neoliberalism in a number of countries (Clarke & Newman, 1997). Proponents of neoliberalism spearheaded programs for the modernization of government, such as denationalization, disaggregation of public-sector units, and more explicit performance measures (Le Grand, 2007). In these ways, the doctrine of neoliberalism led to a number of reforms under the label 'New Public Management' (NPM) (Pollitt & Bouckaert, 2011).

The introduction of NPM had profound impacts on frontline workers (Tummers et al., 2009). NPM focuses on business-like values, such as efficiency, transparency, and client choice, which can dominate traditional professional values such as autonomy and equity. Moreover, the

intense use of performance indicators and audits requires professionals to significantly alter their behavior (Power, 1997). Ball (2003:215) notes that 'the novelty of this epidemic of reform is that it does not simply change what people, as educators, scholars and researchers do, it changes who they are'. This can lead to moral conflicts for these frontline workers (Mayo, Hoggett & Miller, 2007). When frontline workers have to introduce NPM-reforms, they can cope with this in various ways, also those often by Lipsky. However, given the prominence of moral conflicts which can occur when frontline workers have to implement policies which they cannot identify with (experiencing policy alienation), we think *shirking or sabotaging the policy* can be an important way of coping which should be recognized (Brehm & Gates, 1999) (see also Chi-Kin Lee & Yin (2010); Summers & Semrud-Clikeman (2000)).

### *ICT and (social) media*

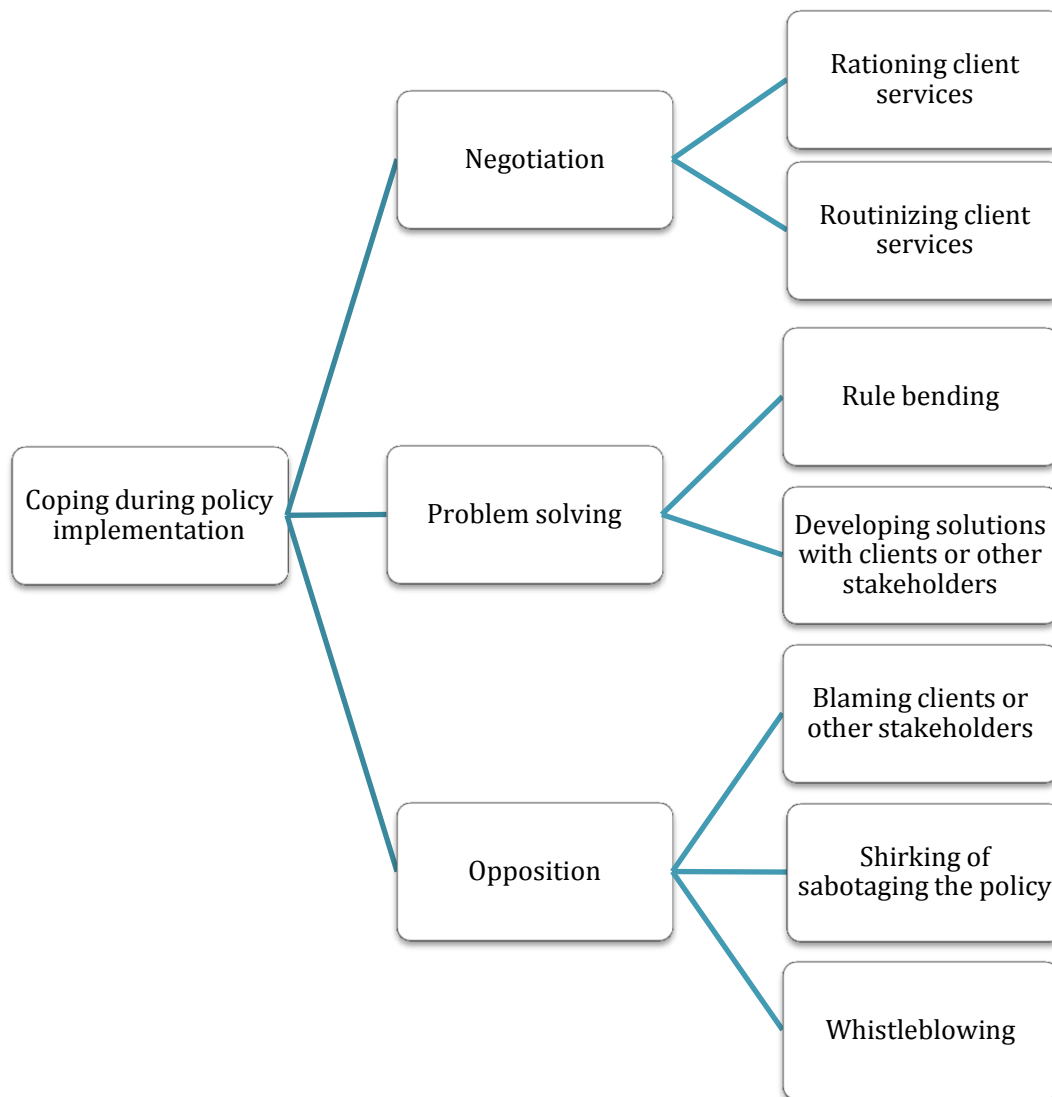
Thirdly, we discuss the possible influence of ICT and (social) media for identifying additional ways of coping by frontline workers. Bovens & Zouridis (2002), in their article "From street-level to screen-level bureaucracy" argue that Information and Communication Technology is changing the work of frontline workers. They (p.175) note that "instead of noisy, disordered decision-making factories populated by fickle officials, many of these executive agencies are fast becoming quiet information refineries, in which nearly all decisions are pre-programmed by algorithms and digital decision trees". Hence, in such circumstances frontline workers may well make even more use of rationing and routinizing as possible ways of coping, as less of rule bending.

Related to the notion of ICT is the upcoming influence of (social) media. Frontline workers can use traditional media when they aim to vent their concerns about public service delivery. Hence, media can be used as a device for *whistleblowing* as a way of coping. For instance, Hedin & Masson (2012) describe that public service workers may engage in whistle blowing when there were cutbacks in services for users, unethical working methods or client abuse. However, whistle blowing is a rare event, which often has negative consequences for the whistleblower him-/herself. It could be that social media changes this situation, as whistle-blowing can become easier and more anonymous (Bekkers, Moody, & Edwards, 2011).

#### 4.4 Classification of classification during policy implementation

Figure 2 displays a first overview of possible important ways of coping during policy implementation. This is based on a) the most often mentioned ways of coping by policy implementation scholars (via a systematic review) and b) possible new ways of coping due to new developments in public service delivery.

**Figure 2 Classification of coping during policy implementation based on systematic review and recent developments**



## **5 Conclusion and discussion**

The aim of this paper was to build a classification model of relevant ways of coping with job stress of frontline workers during policy implementation. The following research question was formulated: “How can coping of frontline workers during policy implementation be understood, and what different ways of coping and families of coping can be distinguished?”

By means of systematic review, the literature on coping behavior of frontline workers was analyzed. In executing the systematic review, we followed the state-of-the-art guidelines of PRISMA. Extensive use was made of the literature on coping in clinical psychology: their criteria for category systems (1), the hierarchical structure of coping levels (2) and the twelve core families of coping (3). We also based our definition of coping during policy implementation on one of the most used definitions of coping in clinical psychology.



Based on the systematic review and an analysis of the recent developments in public service delivery, we conclude that three families of coping seem most relevant to the field of policy implementation: negotiation, problem solving and opposition. Negotiation is described as finding a compromise between the priorities of the person and the constraints of the situation. Problem solving focuses on adjusting actions to be effective. Opposition is described as removing constraints. The family of coping 'negotiation' is comprised of two important ways of coping already mentioned by Lipsky: rationing and routinizing public services. The family of coping of problem solving is composed of rule bending (adjusting the policy to the client demands) and developing solutions together with clients or other stakeholders, which is particularly relevant in a networked society. The last family of coping is termed 'opposition'. Important ways of coping are blaming clients or other stakeholders. Next to this, it is evident that shirking or sabotage can be an important way of coping, especially when the frontline worker cannot identify with the policy he or she has to implement, for instance when it runs counter to professional or moral values. Lastly, a way of coping could be whistleblowing.

Scholars studying coping during policy implementation could use the classification model developed. In this way, a field of research can be developed where researchers use similar framework based on sound definitions and mutually exclusive categories. In the end, this may provide practitioners with useable knowledge about how frontline workers cope with stress when implementing certain policies, and in which way this differs between for instance country, policy sector, policy and characteristics of the frontline worker him-/herself.

More specifically, we propose a future research agenda. First, the developed classification model can be tested in various settings. Here, especially a quantitative approach might be beneficial to the field, given that – as also is shown in the review - most policy implementation studies have had a rather qualitative nature (see also Winter, 2007:137). O'Toole (2000:269) notes that "the move to multivariate explanation and large numbers of cases exposes the [policy implementation] specialty to new or renewed challenges, which have yet to be addressed fully" (see also Hill & Hupe, 2009:160). Using quantitative techniques can enrich the field and can move it to a more mature state. Here, we identify with Pandey and Scott (2002) who note that in our field, sound measurement through the careful development of concepts and measurement scales, is highly recommended.

Secondly, we must also note that the classification should be flexible. Scholars can add or discard certain families or ways of coping given the peculiarities of the case, such as the country, sector, policy or personality characteristics of frontline workers. A future research suggestion might be to test this classification model in various cases using a comparative case study design, to show for instance which ways of coping are most relevant in various circumstances. For instance, does a police officer use a different way of coping when implementing a very

politicized policy – such as a ban on wearing burkas – compared to a less politicized policy – such as speed-tickets? Related to this, it might be very worthwhile to analyze whether classification systems of coping can also be developed for middle managers, given their important role in policy implementation.

Thirdly, the antecedents and effects of ways of coping can be analyzed. Regarding the antecedents, psychology scholars between dispositional antecedents (personality characteristics, such as neuroticism) and situational antecedents (the context of the person, such as the organization or the policy to be implemented). This can also help policy makers to counter certain potential perverse ways of coping (such as sabotage). Next to this, the effects are important. What are for instance the long term effects of blaming clients and other stakeholders? Does it influence trust in government or the perceived legitimacy of services?

Fourthly, a future research suggestion is to connect the study of coping with related debates, such as considering public values and moral conflicts. When frontline workers experience moral conflicts, which way of coping will be prevalent? Whistleblowing, or for instance rule bending? Next to this, the study of coping can be related to for instance organizational psychology research on stress, burn-out and job satisfaction and public management research on the use of performance indicators and manager-professional conflicts.

We end this paper with some limitations. First, the systematic review had some limitations. The first thing that is apparent is the percentage of single-case qualitative research (53%). Some of study samples are small, and sometimes the sample size is not mentioned. Next to this, we discovered a great variety in defining and conceptualizing the concept of coping in these studies, which made it harder to generalize. Next to this, our decision to select the most important families and ways of coping based on the number of times mentioned has limitations. Relatedly, some articles contain more fragments than others, making them more important in the overall analysis. Lastly, the bulk of studies came from either social services (38%) or education (28%), possibly skewing the analysis towards these fields.

Concluding, the main objective of this paper was to increase our understanding of how frontline workers cope with stress during implementing governmental policies. In order to do this, a classification model of ways of coping during policy implementation was build. We hope this classification model helps scholars and practitioners to systematically study the important phenomenon of coping during policy implementation, developing insights which are relevant for both scholars and practitioners.

## Appendix 1 - Overview of conceptualizations of coping in policy implementation

<i>Author (year)</i>	<i>Focus of study</i>	<i>Definition of coping</i>	<i>Classification of responses/ coping</i>
Lipsky (1980)	Ways in which frontline workers cope with time and resource shortage and conflicting demands in general	Not clearly defined; considers "coping" as response to job stress (1980:141), stemming from inadequate resources, few controls, indeterminate objectives and job ambiguity (1980:82).	<ul style="list-style-type: none"> <li>• Modifying the client demand, maximize the utilization of resources and obtain client compliance;</li> <li>• Modifying objectives of the job;</li> <li>• Modifying the perceptions of clients.</li> </ul>
Trowler (1997)	Ways in which academics respond to changes in the curriculum and teaching policies (UK).	Not clearly defined; considers "coping" as response to change in organisations (1997:306).	<ul style="list-style-type: none"> <li>• Swimming (accepts the status quo and is content);</li> <li>• Policy reconstruction (does not accept the status quo and is content);</li> <li>• Sinking (accepts the status quo and is discontent);</li> <li>• Use coping strategies (does not accept the status quo and is discontent).</li> </ul> <p>(Emphasis on the categories being not mutually exclusive)</p>
Newton (2002)	Ways in which academics cope with quality monitoring systems that were introduced at universities (UK).	Not clearly defined; considers "coping" as response to change in organisations (2002:432).	<ul style="list-style-type: none"> <li>• Intransigent (stubborn behaviour);</li> <li>• Colonised (taking actions because it is expected);</li> <li>• Convert (enthusiastically conforming, more than merely compliance);</li> <li>• Rational adapter;</li> <li>• Pragmatic sceptic/ sceptic (approaches innovation in procedural way, adapts when necessary);</li> <li>• Sinking (feeling of confusion, resigning);</li> <li>• Coping (burdensome, seems like mental withdrawal);</li> <li>• Reconstructing (assert autonomy).</li> </ul>
Thatcher & Rein (2004)	Ways in which frontline workers cope with conflicting values in crime policies, retirement policies and refugee policies (US).	Not clearly defined; consider "coping" ("strategies") as response to ambiguity and value conflict in organizations (2004: 462).	<ul style="list-style-type: none"> <li>• Cycling (focusing on each value sequentially);</li> <li>• Firewalls (establish multiple institutions committed to different values);</li> <li>• Casuistry (case-by-case judgment instead of general decisions).</li> </ul>
Taylor & Kelly (2006)	Ways in which schoolteachers and social workers cope with public sector reform ('New Public Management' in particular) (UK).	Not clearly defined; consider "coping" as response to job stress (2006:141).	As a result of (new) public management reform, frontline workers have to develop new ways of coping, not identified by Lipsky. For instance, additional systems of accountability ('paperwork') will increase the workload of professionals and they should therefore adapt their coping

<p>Chi-Kin Lee, J.; Yin, H. (2010)</p>	<p>Ways in which schoolteachers emotionally respond to changes in the curriculum and teaching policies (CH).</p>	<p>Not clearly defined; consider “coping” as response to change in organisations (2010:30).</p>	<p>strategies (2006:639).</p> <ul style="list-style-type: none"> <li>• The losing heart accommodators (passionate about reform, but lost their enthusiasm along the way);</li> <li>• The drifting followers (little excitement about reform, but felt non-significant in reform: ‘anything goes attitude);</li> <li>• The cynical performers (strongly resisted the reform, but were obediently implementing it).</li> </ul> <p>(Typology of schoolteachers provided).</p>
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## Appendix 2 – PRISMA Checklist (based on Liberati et al., 2009)

<b>TITLE</b>		Page
Title	1 Identify the report as a systematic review, meta-analysis, or both.	1
<b>ABSTRACT</b>		
Structured summary	2 Provide a structured summary including, as applicable: background; objectives; data sources; study eligibility criteria, participants, and interventions; study appraisal and synthesis methods; results; limitations; conclusions and implications of key findings; systematic review registration number.	N.A.
<b>INTRODUCTION</b>		
Rationale	3 Describe the rationale for the review in the context of what is already known.	4
Objectives	4 Provide an explicit statement of questions being addressed with reference to participants, interventions, comparisons, outcomes, and study design (PICOS).	4
<b>METHODS</b>		
Protocol and registration	5 Indicate if a review protocol exists, if and where it can be accessed (e.g., Web address), and, if available, provide registration information including registration number.	-
Eligibility criteria	6 Specify study characteristics (e.g., PICOS, length of follow-up) and report characteristics (e.g., years considered, language, publication status) used as criteria for eligibility, giving rationale.	12
Information sources	7 Describe all information sources (e.g., databases with dates of coverage, contact with study authors to identify additional studies) in the search and date last searched.	11
Search	8 Present full electronic search strategy for at least one database, including any limits used, such that it could be repeated.	11, 12
Study selection	9 State the process for selecting studies (i.e., screening, eligibility, included in systematic review, and, if applicable, included in the meta-analysis).	11, 12, 13
Data collection process	10 Describe method of data extraction from reports (e.g., piloted forms, independently, in duplicate) and any processes for obtaining and confirming data from investigators.	12
Data items	11 List and define all variables for which data were sought (e.g., PICOS, funding sources) and any assumptions and simplifications made.	12
Risk of bias in individual studies	12 Describe methods used for assessing risk of bias of individual studies (including specification of whether this was done at the study or outcome level), and how this information is to be used in any data synthesis.	35
Summary measures	13 State the principal summary measures (e.g., risk ratio, difference in means).	N.A.
Synthesis of results	14 Describe the methods of handling data and combining results of studies, if done, including measures of consistency (e.g., I <sup>2</sup> ) for each meta-analysis.	N.A.
Risk of bias across studies	15 Specify any assessment of risk of bias that may affect the cumulative evidence (e.g., publication bias, selective reporting within studies).	25, 26
Additional analyses	16 Describe methods of additional analyses (e.g., sensitivity or subgroup analyses, meta-regression), if done, indicating which were pre-specified.	N.A.
<b>RESULTS</b>		

Study selection	17	Give numbers of studies screened, assessed for eligibility, and included in the review, with reasons for exclusions at each stage, ideally with a flow diagram.	13
Study characteristics	18	For each study, present characteristics for which data were extracted (e.g., study size, PICOS, follow-up period) and provide the citations.	14-20
Risk of bias within studies	19	Present data on risk of bias of each study and, if available, any outcome level assessment (see item 12).	N.A.
Results of individual studies	20	For all outcomes considered (benefits or harms), present, for each study: (a) simple summary data for each intervention group (b) effect estimates and confidence intervals, ideally with a forest plot.	N.A.
Synthesis of results	21	Present the main results of the review. If meta-analyses are done, include for each, confidence intervals and measures of consistency	Section 4
Risk of bias across studies	22	Present results of any assessment of risk of bias across studies (see Item 15).	N.A.
Additional analysis	23	Give results of additional analyses, if done (e.g., sensitivity or subgroup analyses, meta-regression [see Item 16]).	N.A.
<b>DISCUSSION</b>			
Summary of evidence	24	Summarize the main findings including the strength of evidence for each main outcome; consider their relevance to key groups (e.g., healthcare providers, users, and policy makers).	Section 5
Limitations	25	Discuss limitations at study and outcome level (e.g., risk of bias), and at review-level (e.g., incomplete retrieval of identified research, reporting bias).	Section 5
Conclusions	26	Provide a general interpretation of the results in the context of other evidence, and implications for future research.	Section 5
<b>FUNDING</b>			
Funding	27	Describe sources of funding for the systematic review and other support (e.g., supply of data); role of funders for the systematic review.	N.A.

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